

BCHC LIST OF APPROVED CPT CODES – 2017

Breast & Cervical Health Check is a statewide program focused on providing breast and cervical cancer screening and diagnostic services to women who meet certain age, income and insurance coverage guidelines. BCHC does not require preauthorization

OFFICE VISITS				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
New Patient - Office Visit (10 minutes face to face)	99201	55.45		
New Patient - Office Visit (20 minutes face to face)	99202	96.00		
New Patient - Office Visit (30 minutes face to face)	99203	139.33		
New Patient - Office Visit (45 minutes face to face)	99204	215.44		
New Patient - Office Visit (60 minutes face to face)	99205	272.62		
Established Patient - Office Visit (5 minutes face to face)	99211	25.11		
Established Patient - Office Visit (10 minutes face to face)	99212	55.19		
Established Patient - Office Visit (15 minutes face to face)	99213	94.71		
Established Patient - Office Visit (25 minutes face to face)	99214	140.37		
Established Patient - Office Visit (40 minutes face to face)	99215	190.04		
New Patient – Initial Preventive. Medicine Visit, 18-39 Years	99385	139.33		
New Patient – Initial Preventive Medicine Visit, 40-64 Years	99386	139.33		
New Patient – Initial Preventive Medicine Visit, 65 Years and older	99387	139.33		
Established Patient–Periodic Prev. Medicine Visit, 18-39 Years	99395	94.71		
Established Patient – Periodic Prev. Medicine Visit, 40-64 Years	99396	94.71		
Established Patient – Periodic Prev. Medicine Visit, 65 Years and older	99397	94.71		

BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
<i>Screening mammography, bilateral</i> – Reimburse at G0202	77067	163.51	51.91	111.60
<i>Diagnostic mammography, bilateral, includes CAD</i> – Reimburse at G0204	77066	203.28	68.13	135.14
<i>Diagnostic mammography, unilateral, includes CAD</i> – Reimburse at G0206	77065	160.47	54.86	105.61
Screening digital breast tomosynthesis; bilateral	77063	70.58	42.24	28.33
Diagnostic digital breast tomosynthesis; unilateral or bilateral	G0279	70.58	42.24	28.33
Screening Mammogram, Digital, Bilateral	G0202	163.51	51.91	111.60
Diagnostic Mammogram, Digital, Bilateral	G0204	203.28	68.13	135.14
Diagnostic Mammogram, Digital, Unilateral	G0206	160.47	54.86	105.61
Mammary ductogram or galactogram, single duct	77053	70.83	25.48	45.35
MRI, breast, with and/or without contrast, unilateral [see note 2]	77058	631.16	114.39	516.78
MRI, breast, with and/or without contrast, bilateral [see note 2]	77059	627.17	114.39	512.79

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BREAST SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Radiological Exam, surgical specimen	76098	20.70	11.26	9.43
Ultrasound, complete examination of breast including axilla, unilateral	76641	131.16	51.09	80.07
Ultrasound, limited examination of breast including axilla, unilateral	76642	108.92	47.60	61.31
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	77.00	45.61	31.38
Evaluation of Fine Needle Aspiration	88172	73.83	51.62	22.20
Evaluation of fine needle aspirate; interpretation and report	88173	191.84	101.53	90.30
Surgical pathology, gross and microscopic examination	88305	87.43	54.45	32.98
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	321.38	119.34	202.05
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	125.74	89.57	36.17
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	67.39	44.39	23.00
Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure	88341	110.22	40.78	69.44
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	129.84	50.96	78.87
Tumor immunohistochem/manual	88360	142.12	57.42	84.70
Tumor immunohistochem/comput	88361	156.83	61.01	95.82
Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided). Reimbursed only in conjunction with 19101, 19120, 19125, 19126, 76095	99070	12.95		

BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Fine needle aspiration without imaging guidance	10021	153.71	95.05
Fine needle aspiration with imaging guidance	10022	175.44	90.84
Puncture aspiration of cyst of breast	19000	137.82	60.39
Puncture aspiration of cyst of breast, each additional cyst, <i>used with 19000</i>	19001	35.86	30.27
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; first lesion [see note 3]	19081	824.27	235.63

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Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; stereotactic guidance; each additional lesion <i>[see note 3]</i>	19082	667.15	118.41
BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; first lesion <i>[see note 3]</i>	19083	798.51	221.84
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; ultrasound guidance; each additional lesion <i>[see note 3]</i>	19084	641.05	110.66
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; first lesion <i>[see note 3]</i>	19085	1200.29	259.66
Breast biopsy, with placement of localization device and imaging of biopsy specimen, percutaneous; magnetic resonance guidance; each additional lesion <i>[see note 3]</i>	19086	946.77	129.45
Breast biopsy, percutaneous, needle core, not using imaging guidance	19100	184.31	94.12
Breast biopsy, open, incisional	19101	421.56	288.26
Excision of cyst, fibroadenoma or other benign or malignant tumor, aberrant breast tissue, duct lesion, nipple or areolar lesion; open; one or more lesions	19120	624.69	536.49
Excision of breast lesion identified by preoperative placement of radiological marker; open; single lesion	19125	693.44	596.46
Excision of breast lesion identified by preoperative placement of radiological marker, open; each additional lesion separately identified by a preoperative radiological marker	19126	217.62	217.62
Placement of breast localization device, percutaneous; mammographic guidance; first lesion <i>[see note 4]</i>	19281	297.43	142.18
Placement of breast localization device, percutaneous; mammographic guidance; each additional lesion <i>[see note 4]</i>	19282	201.39	71.29
Placement of breast localization device, percutaneous; stereotactic guidance; first lesion <i>[see note 4]</i>	19283	332.11	142.95
Placement of breast localization device, percutaneous; stereotactic guidance; each additional lesion <i>[see note 4]</i>	19284	243.26	71.66
Placement of breast localization device, percutaneous; ultrasound guidance; first lesion <i>[see note 4]</i>	19285	606.67	121.39
Placement of breast localization device, percutaneous; ultrasound guidance; each additional lesion <i>[see note 4]</i>	19286	520.96	60.82

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Placement of breast localization device, percutaneous; magnetic resonance guidance; first lesion [see note 4]	19287	1011.79	181.70
BREAST SCREENING & DIAGNOSTIC PROCEDURES			
DESCRIPTION OF SERVICE	CPT CODE	OFFICE	FACILITY
Placement of breast localization device, percutaneous; magnetic resonance guidance; each additional lesion [see note 4]	19288	804.42	90.87
Anesthesia: Reimbursement Amount= \$25.91 x (Time Units + Base Units) Anesthesia for procedures on the integumentary system, anterior trunk, not otherwise specified. Medicare Base Units= 3	00400		

CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Cytopathology, cervical or vaginal, any reporting system, requiring interpretation by physician	88141	42.28		
Liquid-based Pap test, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	88142	27.79		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; manual screening and rescreening under physician supervision	88143	27.79		
Conventional Pap test, slides cervical or vaginal reported in Bethesda System, manual screening under physician supervision	88164	14.49		
Conventional Pap test, slides cervical or vaginal reported in Bethesda System, manual screening and rescreening under physician supervision	88165	14.49		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system, under physician supervision	88174	29.31		
Cytopathology, cervical or vaginal, collected in preservative fluid, automated thin layer preparation; screening by automated system and manual rescreening	88175	36.34		
Surgical pathology, gross and microscopic examination	88305	87.43	54.45	32.98
Surgical pathology, gross and microscopic examination; requiring microscopic evaluation of surgical margins	88307	321.38	119.34	202.05
Pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	88331	125.74	89.57	36.17
Pathology consultation during surgery, each additional tissue block, with frozen section(s)	88332	67.39	44.39	23.00

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Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)	88341	110.22	40.78	69.44
CERVICAL SCREENING & DIAGNOSTIC PROCEDURES				
DESCRIPTION OF SERVICE	CPT CODE	AK RATE	PROFESSIONAL	TECHNICAL
Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure	88342	129.84	50.96	78.87
Human Papillomavirus, high-risk types	87624	48.14		
Human Papillomavirus, types 16 and 18 only	87625	48.14		
Colposcopy of the cervix	57452	141.72		
Colposcopy of the cervix, with biopsy and endocervical curettage	57454	201.61		
Colposcopy of the cervix, with biopsy	57455	185.73		
Colposcopy of the cervix, with endocervical curettage	57456	174.89		
Colposcopy with loop electrode biopsy(s) of the cervix	57460	353.77		
Colposcopy with loop electrode conization of the cervix	57461	403.13		
Cervical biopsy, single or multiple, or local excision of lesion, with or without fulguration (separate procedure)	57500	159.01		
Endocervical curettage (not done as part of a dilation and curettage)	57505	130.00		
Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser	57520	397.77		
Loop electrode excision procedure	57522	342.84		
Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), without cervical dilation, any method (separate procedure)	58100	142.28		
Endometrial sampling (biopsy) performed in conjunction with colposcopy (List separately in addition to code for primary procedure)	58110	63.70		
Supplies and materials (except spectacles), provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies, or materials provided)	99070	12.95		

PROCEDURES SPECIFICALLY NOT ALLOWED	
Any	Treatment of breast cancer, cervical intraepithelial neoplasia and cervical cancer.
77061	Breast Tomosynthesis, unilateral (please see available codes 77063 and G0279).
77062	Breast Tomosynthesis, bilateral (please see available codes 77063 and G0279).

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87623	Human papillomavirus, low-risk types (please see available codes 87624 and 87625 High Risk Types).
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Note	Detail
1	Appropriate for use of breast risk assessment tools during an office visit. The modifier -25 should be added to the appropriate office visit CPT to indicate a separate service done on same day.
2	Breast MRI can be reimbursed by the NBCCEDP in conjunction with a mammogram when a client has a BRCA mutation, a first-degree relative who is a BRCA carrier, or a lifetime risk of 20-25% or greater as defined by risk assessment models such as BRCAPRO that are largely dependent on family history. Breast MRI can also be used to better assess areas of concern on a mammogram or for evaluation of a client with a past history of breast cancer after completing treatment. Breast MRI should never be done alone as a breast cancer screening tool. Breast MRI cannot be reimbursed for by the NBCCEDP to assess the extent of disease in a women who is already diagnosed with breast cancer.
3	Codes 19081-19086 are to be used for breast biopsies that include image guidance, placement of localization device, and imaging of specimen. These codes should not be used in conjunction with 19281-19288.
4	Codes 19281-19288 are for image guidance placement of localization device without image-guided biopsy. These codes should not be used in conjunction with 19081-19086.